Very PHYSICIANS should of OCCUPATION IS RECORD statement ERMANENT Exact classified. pinous properly AGE pe may certificate. carefully = that 9 jo back terms, 0 plain Instructions Information = I DEAT 0 0 Every Item CAUSE OF Important. m

STATE OF MARYLAND 1 PLACE OF DEATH 3696 CERTIFICATE OF DEATH Registration Dist. No [It death occurred in Village or City..... St:.....Ward) .... (No...... a hospital or Institution. give its NAME Instead of street and number. 1 <sup>2</sup> FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Dav) Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at. t day. ....hrs. The CAUSE OF DEATH \* was as follows: OR ..... mln. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed)...... 11 BIRTHPLACE Marchank, 191.3. (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER of death ...... yrs. ..... mos. ..... ds. State ...... yrs. ..... mos. .... Where was disease contracted. BEST-OF MY KNOWLEDGE It not at place of death? Former or usual residence ... 19 PDACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTRAR more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. applies to each and every person, irrespective of age. mine, etc. (a) Spinner, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: But in many For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

cause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aeeidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis." nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg. Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of .... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples: For vio-

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S. No. 1.

UNFADING INK-THIS IS

PHYSICIANS should state of OCCUPATION Is very RECORD N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. I CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate. PERMANENT PLAINLY, WITH WRITE

1 PLACE OF DEATH

3697

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

[If death occurred in

* FULL NAME RECLUE Box	give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color OR RACE SINGLE, MARRIED, MASNIEL WIDOWED, OROIVORCED (Write the word)	16 DATE OF DEATH MAL 22, 1913 (Month) (Day) (Year)
S DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h was alive on Man 6 ,1913
7 AGE  ## S yrs. mos. ds. OR min. ?	and that death occurred on the date stated above, at 6. m. The CAUSE OF DEATH* was as follows:
SOCCUPATION  (a) Trade, profession, or particular kind of work	(Signed) (Duration) yrs. mos. ds.  (Signed) (Duration) yrs. mos. ds.  (Signed) (State the Disease Causing Death, ov. in deaths from Violent Causes, state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos, ds. State yrs, mos, ds where was disease contracted, if not at place of death?  Former or usual residence
Filed Mar. 23, 191.3 Jackson Registrar	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  MAN 24, 191.3  20 UNDERTAKER  ADDRESS  Supple Held

[Approved by U. S. Census and American Public Health
Association.]

'unaterial worked on may form part of the second statement. "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing array affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of \_\_\_ The contributory Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing (secondary or intercurrent) (name origin; "Candeath), 29 "Exhaustion," Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

Village or City of Mentalle (No. St; Ward)  2 FULL NAME Edma Adhamic Differen	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DE	EATH
SEX 4 COLOR OR RACE SINCLE, MARRIEO, MIDOWEO, ORDIVORCED (Write the word)  16 DATE OF DEATH  (Month)  177  1 HEREBY CERTIFY, That I atte	(Day), 1913 (Year) ended deceased from
AGE  (Month)  (Day)  (Year)  If LESS than 1 day, hrs.  OR min.?  The CAUSE OF DEATH* was as follows:	27 ,1913, 27 ,1913 ove, at 2,15 m.
which employed (or employer)  BIRTHPLACE (State or country)  Contributory (Secondary)	rs. mos. ds.
OF FATHER  (Signed)  (Address)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Address)  (	deaths from Violent
13 BIRTHPLACE  15 MOTHER  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INST OR RECENT RESIDENTS)  At place  In the	yrs, ds.
(Address) Telivake All 19 PLACE OF BURIAL OR REMOVAL DA	MA 191.3.  ODRESS  LLCH City

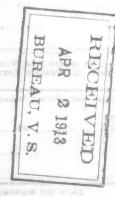
[Approved by U. S. Census and American Public Health

Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). nlateriai worked on may form part of the second It should be used only when needed. additional line is provided for the latter statement CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Civi engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupaplies to each and every person, irrespective of age. vsician, Compositor, Architect, Locomotive engineer many occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-prospinal meningitis"); Diphtheria (avoid use of "("roup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and quality as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the inus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "AI-Bronchopneumonia (secondary), 10 ds. Never report ampie: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: For VIO-2

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	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Woodslock (No. 2)	Registration Dist. No. 197  St.; Ward)  St.; Ward)  Telus  Telus  Registration Dist. No. 197  [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE; MARRIED, MARRIED, MINOWER, ORDIVORCEO (NYTTE IDE WORD)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h 11 alive on may 27, 1913
7 AGE  11 LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at a land to m.  The CAUSE OF DEATH* was as follows:
GOCCUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER	(Duration) Z yrs. — mos. — ds.  Contributory Pulmonary Vernouchouse (Secondary)  (Duration) yrs mos / 1462.  (Signed)
11 BIRTHPLACE OF FATHER (State or Country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  CHARGE  OF MOTHER  CHARGE  OF MOTHER  CHARGE  CHARGE  OF MOTHER  CHARGE  OF MOTHER  CHARGE  CHARGE  OF MOTHER  CHARGE  CHARGE	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)	At place in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
Filed Mich 23, 1918 Ben 4 Shipley  Filed Mich 23, 1918 Ben 4 Shipley  FILED PREGISTRAR  LOCAL PREGISTRAR	20 UNDERTAKER  ADDRESS.  ADDRESS.  ALLSengy & Son Ellict Ct. Organ, 8 E. Franklin St., Balton, Requesting V. S. No. 1.
	The state of the s

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indicausing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," Farmer or Planter, For persons (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

Stant & Shiply & K

affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustlon," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Ohronic interstitial nephritis ver" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) "Contributory." dont; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 ds.: nant ncoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can State cause for Never report Examples:

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APR 2 1913
BUREAU. V.S.

OCCUPATION IS VETY PHYSICIANS RECORD PERMANENT stated classified. pinous properi AG Z supplied. be O may ADIN certificate. carefully It that 80 of be back terms, should plain instructions Information = of Inford DEATH See instr Item 9 Every Item CAUSE OF Important. m

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STATE OF MARYLAND 1 PLACE OF DEATH 3700 CERTIFICATE OF DEATH Registration Dist. No.... It death occurred in St:....Ward) (No a hospital or institution. give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIEO, O WIOOWED, Widoues (Month) (Day) ORDIVORCEO I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day, .... hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? mos. 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VioLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) yrs. ..... mos. .... ds. State .... yrs. mos. Where was disease contracted. it not at place of death? Former or usual residence. 12 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER 0 191 ADDRESS REGISTRAR

more hlanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative mealthful-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, periionaeum, etc.. Carcin-

childbirth or miscarriage. as "Tuenperal schiichaemia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras. oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ment neoplasms); Measles; Whooping cough; Chronic "Contributory." is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent "Old Age," "Shock." Always qualify all diseases resulting from "Senile," etc.). may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can. death), 29 ds. Examples:

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APR 2 1918
BUREAU, V. S.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED T. B. No. 1.

County Howard	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 1954
Village or City Pelsuk (No.	St; Ward)  [If death occorred a hospital or institution give its NAME loster of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR BIVORCED (Write the word)  S DATE OF BIRTH  ACCURATE A COLOR OR RACE  S SINGLE, MARRIED, WIDOWED, OR BIVORCED (Write the word)  1870	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  June 1913  that I last saw help slive on march 17  1913
(Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  If LESS than 1 day,hrs.  ORmin.?  BOCCUPATION (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at 3.30 A. m The CAUSE OF DEATH * was as follows:  Chapter Ludy Carditis.
(b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  10 NAME OF FATHER	Gontributory Chemnalic Arthrilia (Secondary)  (Signed)  (Ouration)  (Ouration)  (Ouration)  (Ouration)  (Signed)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, If not at place of death?  Former or usual residence.
Filed Man 19 , 1813 Manual M. D.  REGISTRAR  If more blanks are needed, address State Registrar	19 PLACE OF BURIAL OR REMOVAL  PLACE OF BURIAL  PROPERTY AND ADDRESS  ANDRESS  LANGE CONTROL  PROPERTY ANDRESS  LANGE CONTROL  PROPERTY OF BURIAL  PROPERTY ANDRESS  LANGE CONTROL  PROPERTY ANDRESS  LANGE CONTROL  PROPERTY OF BURIAL  PROPERTY ANDRESS  LANGE CONTROL  PROPERTY ANDRESS  LANGE CONTROL  PROPERTY OF BURIAL  PROPERTY ANDRESS  LANGE CONTROL  PROPERTY ANDR

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, heen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

oma. Sarcoma. etc., of \_\_\_\_\_\_ (name origin; "Can-cer" is less definite; avoid use of "Tumor" for mastecause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may he stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanitlon," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and quality as The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of (secondary or Intercurrent) State cause for Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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rSICIANS should state occupation is very PHYSICIANS RECORD **Exact statement** PERMANENT be stated classified. should UNFADING INK-THIS properly AGE carefully supplied. pe may certificate. 80 50 back terms, pinous PLAINLY. 0 In plain Instructions Information of Infor CAUSE OF mportant, œ.

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STATE OF MARYLAND PLACE OF DEATH 3702 County Howard CERTIFICATE OF DEATH Registration Dist. No.... [If death occurred in St.:...Ward) a hospital or institution. give its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. MARRIED, Single 3 SEX 4 COLOR OR RACE WIDOWED, OROIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at t day, ....hrs. The CAUSE OF DEATH \* was as follows: BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory ..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OFFATHER (State or country) \*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE Al piece In the OF MOTHER (State or country) of death ...... yrs. mos. ..... ds. State ..... yrs. .... mos. Where was disease contracted. If not at place of death? Former or usual residence. ACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS

more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Housewife, Housework, or At Home, and children, not minc, etc. "Manager," "Dealcr," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman," (°)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid demonda"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage. as "Purperal scptichacture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Coilapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing death), 29 danaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_ ter" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of "Traemia," "Weakness," (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 2 1913
BUREAU, V.S.

T. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Gounty Haward 3703	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 193
Village or City May Med (No	Gray St; Ward)  [It death occurred in a hospital or institution give lis NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE BINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVORCED (Write the word)  6 DATE OF BIRTH  Murch 27 1938	16 DATE OF DEATH  March 167, 1913.  (Month) (Day) (Year)  17  HEREBY CERTIFY, That I attended deceased from March 167, 1913.  March 167, 1913.
(Month) (Day) (Year)  7 AGE    If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at 12:30 Pm.  The CAUSE OF DEATH* was as follows:
particular kind of work  (b) Geoaral nature of Industry, business, or establishment in which employed (or employer)  Perturbase (State or country)  Monthsonies & Mol	(Duration)
OF MAME OF FATHER ROSEOT BOWES  11 BIRTHPLACE (State or country) Mutganer Co. Mil.  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Montagnery Co Jud.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo; the of death yrs mos ds. State yrs mos ds.
(Informant)  (Address)  (Address)  (Address)	Where was disease contracted, If not at place of death?  Former or usual residenca.  19 PLACE OF BURIAL OR REMOVAL of DATE OF BURIAL  Coplan Springs Cere of March 18, 1913
Lemore blanks are needed, address State Registra	Blut Gowman Littery Wed  r, 6 B. Franklin St., Balto., Requesting V. S. No. 1.

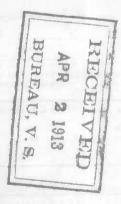
[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinosis of lungs, meninges, periionaeum, etc..

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrerral septichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malleoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can death), 29 ds.; State cause for FOT VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



S. No. 1.

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PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. UNFADING INK-THIS IS AGE WRITE PLAINLY, WITH Every item Important. 1 PLACE OF DEATH

3704

County Homase

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.... .Ward) [it death occurred in a hospital or institution,

	FULL NAME ITEL	ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  MONTH  (Month)  (Bay (Year)  17 I HEREBY CERTIFY, That I attended deceased from
e Di	Mush 13 19 (Month) (Day (Y.	12 march 3 12 1913, to much 1 7 15 1913
TAC	It LES   1 day   ds.   OR	.Ars. The CAUSE OF DEATH* was as follows:
(b) bus whi	) Frade, protession, or riticular kind of work. ) General nature of industry, siness, or establishment in inch employed (or employer)  IRTHPLACE (State or country)	Contributory Secondary  (Duration)  yrs. mos. /# ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  10 NAME OF FATHER (State or country)  MA	(Signed)
PARE	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  14 L	CAUSES, STATE (1) MEANS OF INJURY; and (2) Whether Accidental, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the
	(State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)	of deathyrsmosds. Stateyrsmosds  Where was disease contracted, it not at place of death?  Former or usual residence  19 place of Burial of Removal
10	1 1 W. Jail' 11-	1. Lb.W. M. Lb

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cated thus: fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) been changed or given up ou account of the pisease the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupatious a slugle word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons write None. "Foremau,"

[neumonla"); Lobar pucumonia; Bronchopneumonia "Croup";) prospinal term for the same disease. time and causation), using always the same accepted causing death (the primary affection with respect to ("Pueumonia," fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., Carcinmeningitis"); Diphtheria Typhoid fever (never unqualified, is indefinite): Tubercu-Examples: Cerebrospinal report "Typhoid (avoid use of

> ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. mus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Auaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial neutring nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds., "Senile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustiou," Never report For VIO-

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APR 1 1913
BUREAU, V.S.

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RECORD	PHYSICIANS of OCCUPA
PERMANENT	stated EXACTLY.  Exact statement
AK-THIS IS A	AGE shouid be properly classified
UNFADING I	carefully supplied. that it may be certificate.
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shall be DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIO mportant. See instructions on back of certificate.
WE	Every Item CAUSE OF mportant. S

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. It death occurred in St :.....Ward) a hospital or institution, give Its NAME Instead of street and number.1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Day) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 4.40 a.m. t day,....hrs. OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) ..... Contributory..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ., 191.3. (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death ...... yrs. ..... mos. ..... ds. State ..... yrs, ..... mos, Where was disease contracted. 14 THE ABOVE IS TR It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR 15 20 UNDERTAKER ADDRESS Filed.

more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs:). For persons "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: ness of various pursuits can be known. The question wbo have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease Causing death—Is already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perifonaeum, etc.. Carcinosis of lungs, meninges, perifonaeum, etc.. Carcinosis

such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Sbock," "Uraemia," "Weakness," nant neopiasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla. sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," cause. Always qualify ail diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstittal nephritis. cer" is less definite; avoid use of "Tumor" for maligture of the American Medicai Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of "Contributory." The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of ... (name origin; "Canetc. State cause for Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 1 1913 BUREAU, V. S.

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STATE OF MARYLAND PHYSICIANS should state of OCCUPATION Is very County Howard CERTIFICATE OF DEATH Registration Dist. No. 192 Ilf death occurred in St:....Ward) a hospital or institution. give its NAME iostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE WIDOWED, (Write the word) I HEREBY CERTIFY, That I attended deceased from (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. certificate. (Secondary) Virginia 10 NAME OF FATHER (Signed) 90 back 11 BIRTHPLACE OF FATHER MI (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLET CO CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos, \_\_\_\_ ds. State ..... yrs, \_\_\_\_ mos. ... Where was disease confracted. If not at place of death? See usuai residence mportant. Every its 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more hianks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question statement. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

losis of lungs, meninges, peritonaeum, etc.. pneumonia"); Lobar pneumonia; Bronchopneumonia time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonla," prosbingi fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cerebrospinal Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria Typhoid unqualified, is indefinite); Tubercufever (never report "Typhoid (avoid use

> ad ture of the American Medical Association. cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver seound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronid ... zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: For VIO-

the certificate is permanently filed. ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all ques-

RECEIVED BUREAU, V. S.

RECORD	PHYSICIANS should of OCCUPATION IS
A PERMANENT	s stated EXACTLY.
INK-THIS IS	ed. AGE should be be properly classified
H UNFADING	e carefully supplies to that it may be of certificate.
ITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is see instructions on back of certificate.

certificate.

See Instructions

Every Item CAUSE OF Important.

PLACE OF DEATH STATE OF MARYLAND 3707 CERTIFICATE OF DEATH Homan Registration Dist. No .... Ilf death occurred in ....Ward) a hospital or Institution. give its NAME instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, PSEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, a f day .....hrs. OR ..... min. ? 8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ...... <sup>9</sup>BIRTHPLACE (State or country) Contributory (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (State or country) EN \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs, \_\_\_\_ mos. \_\_ Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death?. Former or (Informant) usual residence DATE OF BURJAL 15 20 UNDERTAKER ADDRESS REGISTRAR f'more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question minc, etc. Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, (b) return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. etc., when a definite disease can be ascertained as the ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion," Examples:

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APR 1 1913
BUREAU, V.S.

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(SICIANS should state OCCUPATION Is very PHYSICIANS RECORD Jo statement PERMANENT EXACTLY. Exact classified. pe should properly AG NY supplied. pe O may ADIN certificate. that Z O 80 of back terms, should plain AINL instructions Information = of Infor Item 0万 Every Item CAUSE OF Important.

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in St.;....Ward) a hospital or institution, give its NAME Instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED. 191 WIDOWED, (Month) (Day) (Year) OROIVORGED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1.300 m. 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR. ....min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER (Address) 11 BIRTHPLACE OFFATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT PAREN (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ..... yrs. ..... mos. ..... ds. State Where was disease contracted. It not at place of death? Former or usual residence DATE OF BURIAL ., 191.3 15 ADDRESS

REGISTRAR

more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

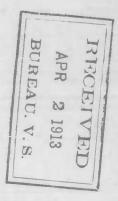
[Approved by U. 8. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second the nature of the business or industry; and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, (b) Cotton mill; (a) Salcsman, If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purrement septichaemus," "Old Age," "Shock." cause of death approved by Committee on Nomenclascpsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrittee nant neoplasms); Measles; Whooping cough; Chronia oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of haad-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. -Kart failure," "Haemorrhage," "Inanition," "Maras. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," 'Traemia," "Weakness," (name origin; "Candeath), 29 ds.: State cause for Examples: For vio-

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Gounty Stoward Co	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 195
Village or City Mane Edwin a, J.	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
nale white Single Write the word)  3 SEX  Pale white Single Married Married ORDITORCES (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from 1913, to Man 21, 1913,
(Month) (Day (Year)	that I last saw h Mallve on Man 21, 1913
7 AGE  If LESS than 1 day, hrs.  OR min.?	and that death occurred on the date stated above, at 4. 30 pm, The CAUSE OF DEATH* was as follows:  Organic Steart Disease
(a) Trade, protession, or particular kind of work.  (b) General nature of Industry, business, or establishment in Ircus Frank Machinery which employed (or employer)  9 BIRTHPLACE (State or country) Howardlo. Ind.	(Duration) / yrs / mos ds.  Contributory / ulmonary Edema Secondary (Duration) / yrs mos / Ods.
10 NAME OF FATHER A A Jalehart  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	(Signed) Clas (a Sunt (Lao , M. D. )  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Intermant) Bessie & Tglebert  (Address) Gulford Mid	It not at place of death?  Former or  usual residence.  19 place of burial or removay  TE OF BURIAL
Filed 191 REGISTRAR  If more blanks are needed, address State Regist	29 SUNDERLAYER THENCH AUSTON 1913  29 SUNDERLAYER THENCH AUSTON 1913  Trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illadditional line is provided for the latter statement; ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

etc. The contributory (secondary or intercurrent) mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of

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APR 1 1913
BUREAU, V.S.

Septiment their	RECORD	PHYSICIANS should state
AARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
		-

PLACE OF DEATH 3710	STATE OF MARYLAND
County Howard	CERTIFICATE OF DEATH
51.	Registration Dist. No. 190
Village or City Aanover (No	St.; Ward) [If death occurred to a hospital or Institution,
*FULL NAME John Elmer	Kegler give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH MOSS 20
Male White (Write the word)	(Month) (Day (Year)  17, I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	March 2 march action 2
(Month) (Day (Year)	that I last saw h m alive on March 27 th, 1913
<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, at 9,30 d.m
20 11 1 day,hrs.	The CAUSE OF DEATH* was as follows:
BOCCUPATION 978 mos ds. OR min. ?	Pulmonary hemorrhage
(0) Trade, profession, or	
particulor kind of work	,
business, or establishment in which employed (or employer)	(Duration) yrs mos ds
9 BIRTHPLACE (State or country.)	Contributory Pulmon ary tuber culos is
(State or country) Hanover md.	Secondary
10 NAME OF D TD 1/ A	Mmp (Duration) yrs 2 mos ds
John Thomas Regles	(Signed) // -76. Carakson, M. D
11 BIRTHPLACE OF FAYHER (State or country)	March 28, 1913 (Address) Elk Rige
11 BIRTHPLACE OF FAYHER (State or country) Baltimore, Md.  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN N	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, or HOMICIDAL.
of Mother manganet & Shankey	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) At place In the
(State or country) Wallimore, Ma.	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Ins. John J. regler	Former or usual residence
(Address) Hanover, And	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Londown Park March 31 1913
Fled March 28 1913 W. R. Garockson	20 UNDERTANER ADDRESS
REGISTRAR	martin Fay Baltimore
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborerduties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulness. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. cated thus: been changed or given up on account of the Disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia;" unqualified, is indefinite): Tubercutsis of lungs, meninyes, peritonaeum, etc., Carcin-

red in tution, nstead

> nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asetc. The contributory (secondary or intercurrent) affection need not be stated unless important. [X-] ample: Measles (disease causing death), 29 valvular heart diseasé; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. "Contributory." by carbolic acid—probably suicide. Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of The nature of the State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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## OCCUPATION IS 0 statement Exact properly classified. supplied. may be that It 80 DEATH in plain terms, PO

3711 PLACE OF DEATH Very PHYSICIANS should state CER' <sup>2</sup> FULL NAME MEDICAL PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, SEX 4 COLOR OR RACE MARRIED. WIDOWED, Write the word) I HEREB 17 6 DATE OF BIRTH that I isst saw h... (Month) (Day) (Year) 7 AGE If LESS than and that death occurred 1 day .....hrs. The CAUSE OF DEATH \* OR ..... 7 BOCCUPATION (a) Frade, protession, or particular kind of work (h) General nature of Industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory. (Secondary) 10 NAME OF FATHER ō S 11 BIRTHPLACE ., 191 on back ARENT OF FATHER (State or country) \*State the DISEASE CA CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMIC 12 MAIDEN NAME OF MOTHER Instructions 16 LENGTH OF RESIDENC OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country \_\_\_\_\_ yrs. ..... mos. Where was disease contracted. KNOWLEDGE If not at piace of death? Sec Former or usual residence.... Important. Every Ite 19 PLACE OF BURIAL (Address) 15 Filed. REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

## STATE OF MARYLAND

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ADDRESS

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). fication, as Day laborer, Farm laborer, Laborer—Coal statement. Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulthe nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles valvular heart disease; Chronic interstitial nephrina Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio ver" is less definite; avoid use of "Tumor" for mallyoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (disease causing "Dropsy," (name origin; "Candeath), 29 "Exhaustion," For VIO-

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APR 2 1918

BUREAU V. S.

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STATE OF MARYLAND 1 PLACE OF DEATH 3712 CERTIFICATE OF DEATH County...... Registration Dist. No. [It death occurred in St.;....Ward) a hospital or institution. give its NAME instead of street and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OF RACE MARRIED, WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 1913 to March that I last saw h alive on Marc (Day) (Year) (Month) It LESS than 7 AGE and that death occurred on the date stated above, at ... t day ..... hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 mos. ds. 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, bysiness, or establishment in (Duration) mos .. 2. 0 ds. which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER .., 191.3. 11 BIRTHPLACE (Address) PARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 SIRTHPLACE At place in the OF MOTHER (State or country) ot death ...... yrs. ..... mos. ..... ds. State Where was disease contracted. 14 THE ABOVE IS TRU If not at place of death? usual residence. OF BURIAL OR REMOVAL MATE OF BURIAL (Address) 15 Q. 191 V Filed. REGISTRAR more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has For persons (6)

Statement of cause of death—Name, first, the disease causeno death—Name, first, the disease causeno death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumenta"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Purspenal scotichacmus," "Old Age," "Shock." "Traemia," "Weakness," uant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephrita, cause of death approved by Committee on Nomencla. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and coasequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably -Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulzions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (mereix symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. eer" is less definite; avoid use of "Tumor" for mails. oma. Surcoma. etc., of . Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Measles (disease causing Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (name origin; "Candeath), 29 ds.: State cause for Examples: Ex: 01

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APR 2 1918
BUREAU, V.S.

RECORD BINDING 0 ESERVED MARGIN WRITE

## STATE OF MARYLAND 1 PLACE OF DEATH 3713 Very CERTIFICATE OF DEATH 10 PHYSICIANS should County OCCUPATION Registration Dist. No..... -Ward) Jo MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement EXACTLY. 16 DATE OF DEATH 5 SINGLE, SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from Exact 6 DATE OF BIRTH classified. (Year) (Month) (Day) pe 7 AGE If LESS than and that death occurred on the date stated above, at pinods 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... mio. ? properly BOCCUPATION AGI (a) Frade, profession, or particular kind of work. supplied. (b) General nature of industry. pe business, or establishment in may which employed (or employer) Contributory. certificate. 9 BIRTHPLACE (Secondary) (State or country) that 10 NAME OF FATHER (Signed) 80 9 back 191.0 11 BIRTHPLACE terms, PARENT OF FATHER (State or country) pinons \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-6 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, THANSIENTS 13 BIRTHPLACE 5 A1 place In the OF MOTHER (State or country) EATH \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_ Where was disease contracted. if oot at place of death? ō 0 Former or (Informant) \_\_\_ Item P-0 usual residence. mportant. Every It 19 PLACE OF BURIAL OR REMOVAL 15 30 UNDERTAKER REGISTRAR more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

fif death occurred in

1913

(Year)

(Day)

DATE OF BURIAL

ADDRESS

a hospital or institution,

give its NAME lostead of street and number. ?

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers it should be used only when needed. As examples: applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulessary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tudercutosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. ample: Meastes affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing terminal conditions, such as "As-(name origin; "Candeath), 29 State cause for Never report Examples: For VIO-

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APR 2 1913
BUREAU, V.S.

properly classified. Exact statement

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Item OF

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No. 200 CAUSE

RECORD

Co	PLACE OF DEATH  ounty Haward 3714	STATE OF MARYLAND CERTIFICATE OF DEATH
00	unty	Registration Dist. No. 19
Vi	FULL NAME Eliza M Mc	St.; Ward)  [It death occurred in a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE		18 DATE OF DEATH Watch // , 1913 (Month) (Day) (Year)
6 D	(Month) (Day) (Year)	that I last saw here alive on March 4 1913
7 AG	about 6/ yrs	and that death occurred on the date stated above, at
par (b) busi whi	Trade, protession, or ticular kind of work.  General nature of industry, ness, or establishment in chemployed (or employer)  RTHPLACE tate or country)  Slehesler	(Duration) 2 yrs. — mos. — ds.  Contributory netral Reguestation (Secondary)  (Duration) 2 yrs. mos. ds.
ENTS	10 NAME OF FATHER JESSE F Brace  11 BIRTHPLACE OF FATHER (State or country)  Md	(Signed) Marshall B Wrst M. D  March 1, 1913 (Address) Calounulle  *State the Dismass Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PARI	13 BIRTHPLACE OF MOTHER (State or country)  12 MAIDEN NAME  Gaucisc Cavey  13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
	(Intermant) Slokeslus (Address)	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  PATE OF BURIAL
16 Fil	ed. S J. 7, 191. J. REGISTRAR  REGISTRAR  REGISTRAR  REGISTRAR  REGISTRAR	29 UNBORTAKER Comity March 3, 1913.  29 UNBORTAKER ADDRESS  CLICATE COMMENTS  E. Franklin St., Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will he sufficient, e. g., Farmer or Planter tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite sainry), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

losis of lungs, meninges, peritonaeum, etc.. Carcinpneumonia"); Lobar pneumonia; Bronchopncumonia time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to brospinal meningitis"); Diphtheria fever (the only definite synonym is "Epidemic cereterm for the same disease. ("Pneumonia," unqualified, is indefinite); Tubercu-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid Examples: Cerebrospinal (avoid use of

> "Contributory." (Recommendations on statement of cause of death approved as Committee on Nomenciature of the American Medical Association.)
>
> If his certificate is looked over thoroughly and all questions inswers in death of the data is essential and must be obtained before sepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purrenal scottchaeetc., when a definite disease can be ascertained as the mus," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritistic. nant neoplasms); Measles; Whooping cough; Chronic -oma. Sarcoma. etc., of ... LENT DEATHS State MEANS OF INJURY and qualify as Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age." "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," State cause for Never report Examples: 01

the wind BUHP Hung neptly filed.

CELL I. T. K. I. 

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR T. S. No. 1.

PLACE OF DEATH 3715	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 193
Village or City Themand. (No. )	St: Ward)  [If death occurred in a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  A COLOR OR RACE  SINGLE, MARRIEO, WIDOWED,	16 DATE OF DEATH  Mark  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from Med  (D)  (D)  (Year)  17  (Hereby Certify)  (Year)  18  (Year)  (Year)  19  (Year)
7 AGE  8 8 yrs	and that death occurred on the date stated above, at 4.302 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work to the find the	English Paricis & the Dufther Tis of what age (Buration) / yrs 2 mos 10 ds.
9 BIRTHPLACE (State or country) Barrol bo M. d.  10 NAME OF FATHER John Barrol of M. d.  11 BIRTHPLACE (State or country) Barrol of M. d.  W 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OTHER OTHE	(Secondary)  (Secondary)  (Secondary)  (Signer)  (Signer)  (Signer)  (Signer)  (Signer)  (Address)  (Address)
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)  At place In the ot deathyrs,mos,ds, Where was disease contracted,
(Intermant) Mrs Mass Devall.  (Address) Thehrwood.	If not at place of death?  Former or  usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Kenn 26, 1913, JU Sin & D. REGISTRAR	20 UNDERTAKER  P. W. Borrana. Mt ain M. d.
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

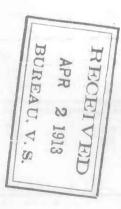
[Approved by U. S. Census and American Public Realth Association.]

imaterial worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations galnfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, essary to know cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the dibbars causing death—In all the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the mus," "Old Age," "Shock," "Uraemla," "Weakness," genltal," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerral septicharetc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is icss definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



PHYSICIANS should state of OCCUPATION is very Viilage or City RECORD PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT EXACTLY. 16 DATE C 5 SINGLE, SEX 4 COLOR OR RACE MARRIED, BINDING WIDOWED, Write the word) Exact 17 6 DATE OF BIRTH stated properly classified. that I last V (Month (Day) (Year) pe 7 AGE If LESS than IS and that de pinous FOR f day hrs. INK-THIS The CAUS OR ..... mio. ? BOCCUPATION AGE (a) Frade, protession, or RESERVED particular kind of work. carefully supplied. (b) General nature of industry, business, or establishment lo UNFADING which employed (or employer) certificate. Contrib State or country) (Second 10 NAME OF FATHER (Signed) 20 0 MARGIN WITH be S DEATH in plain terms, see Instructions on back 11 BIRTHPLACE FNT OF FATHER (State or country) information should \*State CAUSES. 8 PLAINLY. AR 12 MAIDEN NAME TAL, SUIC OF MOTHER See Instructions 16 LENGTH OR RECE 13 BIRTHPLACE At place OF MOTHER (State or country ot death WRITE Where was di it oot at Blace of Former or Item E OF usual residence Important. CAUSE 18 PLACE (Address) 15 No. Filed 3 0 REGISTRAR

1 PLACE OF DEATH

3716

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 191
St.; Ward)  St.; Ward)  It death occurred to a hospital or institution, give its NAMD instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
F DEATH 3 - 18 1015
(Month) (Day) (Year)
1 HEREBY CERTIFY, That I attended deceased from
saw her allve on 3 - 1 5 , 1915
eath occurred on the date stated above,
OF DEATH* was as follows:
Janic Frant
(Duration) Trs mos ds.
utory Beauthitis
(Daration) yrs mos 4 ds.
Y. C. M.D.
, 1918 (Address) Ellicottel
the DISEASE CAUSING DEATH, or, in deaths from VIOLENT tate (1) MEANS OF INJURY; and (2) whether ACCIDENTICAL, or HOMICIDAL.
OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
or death?
E
ence Control Date of Burial

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers fication, as Day lüborer, Farm laborer, Laborerstatement. additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISTAGE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEEPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage, as "PUERPERAL septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. oma. Sarcoma. etc., of \_\_ Accidental drowning; Struck by railway train-acctvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chropia zer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing (name origin; "Candeath), 29 State cause for "Exhanstion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 2 1918
BUREAU, V.S.

_	FULL NAME SUMMY 4: 4
12000	PERSONAL AND STATISTICAL PARTICULARS
3 SE	Male White Single, Married, Widdle White Widdle (Write the word)
6 D	ate of BIRTH July 14th, 181
TAC	(Month) (Day) (Yet
. A	6 6 yrs. 8 mos. 2 ds. orm
(S	10 NAME OF FATHER
TS	11 BIRTHPLACE OF FATHER (State or country)  May land
	(State of Country)
PAREN	12 MAIDEN NAME Margaret - Worte

1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead ot street and number.]

NAME SUMMY ( )	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE Sungle, Married, Married, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
July 14th 1846	9101 26 , 1913 , to March 11 ", 1913. that I last saw him alive on March 11" , 1913.
(Month) (Day) (Year)	
6 yrs. 8 mos. 2 ds. ormin.?	and that death occurred on the date stated above, at 5,30a.m, The CAUSE OF DEATH* was as follows:
or Jarmer	Clinnic Nefehritis
industry, shmeat in Parm	(Duration) yrd, mos, ds.
" Maryland	(Secondary)  (Buration)  (Buration)  (Buration)  (Buration)
Arondo Smith.	(Signed) M. M. D. Ocill , M. D. March 16, 1913 (Address) Dighland, Md.
NAME 1, Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUBY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
CEE Margaret - Worlden  Alexandra Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
untry). May earn	of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted.
m. O. Smith	to the transfer of death?
Highland.	19 place of Burial or REMOVAL DATE OF BURIAL St. March 18-, 1913
6,1913 S. G. MICHAEL REGISTRAR	20 UNDERTAKER ADDRESS
	George O. French Laurel Md.
is more plants are needed, address state Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

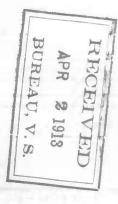
[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewifc, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

losis of lungs, meninges, peritonaeum, etc.. pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cercbrospinal time and causation), using always the same accepted causing drath (the primary affection with respect to ("Pneumonia," unqualified, is indefinite); Tubercubrospinai fever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria Typhoid fever (never report "Typhold (avoid use of Carcin-

> genital," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 valvular heart disease; Chronic interstitial nephritts. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malig-"Contributory." by carbolic acid—probably suicide. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of .. ture of the American Medical Association.) The contributory (secondary or intercurrent): Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-The nature of the "Exhaustion," Ex-

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m	
FOR	
RESERVED	
MARGIN	

W. B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	PLACE OF DEATH	3718	STATE OF MARY	YLAND
	Moward.	11	CERTIFICATE OF	DEATH
C	ounty dowaru,	(%)	Registration Dist.	No. 191-
٧	illage or City Savage	(No.	St; Ward)	[it death occurred in a hospital or institution, give its NAME jostead
	FULL NAME	HEUSOU	79 Duowdon	of street and number.]
	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF I	DEATH
35	O COLOR OR HACE M	ARRIED, HDOWED, RDIVORCED Tite the word)	16 DATE OF DEATH March (Month)	20, 191.3. (Day) (Year)
6 D	ATE OF BIRTH LINE	23 1893	17 I HEREBY CERTIFY, That I at	a. 20, 191.3.
	(Month)	(Dsy) (Year)	that I last saw h Mualive on Man	1.5
7 A	GE	if LESS than	and that death occurred on the date stated ab	ove, at 12-10 m.
	19 yrs. 6 mos.	27. ds. ORmin.?	The CAUSE OF DEATH* was as follows:	
(a	CCUPATION ) Frade, protession, or Twaite rticular kind of work	2	Teller oury 2	ebuculosi
bus	Geoeral nature of industry, iness, or establishment in ch employed (or employer)		(Duration)	yrs. 9 mos. 60 ds.
	RTHPLACE tate or country) Hours 10	1 County	Contributory (Secondary)	MT0
	10 NAME OF WM H	Inowden	(Signed) Robert	18. mos. ds.
ITS	11 BIRTHPLACE OF FATHER (State or country)		Mal 3D1813 (Address) La	
PARENT	(State or country) Cums  12 MAIDEN NAME OF MOTHER	Urunde	*State the Disease Causing Death, or, in Causes, state (1) Means of Injury; and (2 Tal, Suicidal, or Homicidal.	deaths from VIOLENT 2) whether Acciden-
Ъ	13 BIRTHPLACE OF MOTHER (State or country)	les Counts	or Recent Residents) At place of death yrs mos ds, State	JIS, MOS ds.
147	HE ABOVE IS TRUE TO THE BEST OF	MY KNOWLEDGE	Where was disease contracted, it not at place of death?	1
	(Interment) James	Suonden	Former or usual residence	10 4 10 10 10 10 10 10 10 10 10 10 10 10 10
	(Address) Ocuvel	Md	19 PLACE OF BURIAL OR REMOVAL	ATE OF BURIAL
15 Fil	ed Mars 2 0 1913 Testin	Minney M.D.	20 UNDERTAKER AI	DDRESS
	ff more blanks are need	REGISTRAR	r, 6 E. Franklin St., Balto., Requesting V. S. No.	Laurel
	7	The same of the Party of The	-; v m. staustu ou, Dario., mequesting v. S. No.	i.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinotaeum, etc..

sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," "Hart fallnre," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Ohronic interstitial nephratis, nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. zer" is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing (name origin; "Candeath), 29 "Exhaustion," Examples:

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APR 1 1918
BUREAU. V.S.

RECORD	PHYSICIANS should state of OCCUPATION is very
IG INK-THIS IS A PERMANENT	pplied., AGE should be stated EXACTLY. y be properly classified. Exact statement
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Gounty Account 3719	STATE OF MARYLAND CERTIFICATE OF DEATH
Gounty ACMAN	Registration Dist. No. 193
Village or City Margaret 2FULL NAME Wiss Wargaret	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 SEX 4 COLOR OR RACE 5 SINGLE, Single MARRIED, WIDOWED. ORDIVORCED (Write the word)	16 DATE OF DEATH  Mouth  (Mouth)  (Day)  (Year)
S DATE OF BIRTH  Wels 14, 1913  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Jan. 31
TAGE  If LESS than t day, hrs.  Soccupation (a) Trade, profession, or particular kind of work  The Work	and that death occurred on the date stated above, at 1230 m.  The CAUSE OF DEATH * was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. The mos. 14 ds.
(State or country) Howard be Med	(Secondary) Elowerstear mos. 14 ds.
10 NAME OF Stathen Olachbouse	(Signed) E. Brewell N. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  4  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Catharine Dilawder	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Fred Co Maryland	At place in the ot death yrs. mos. ds. State yrs, mos. ds
(Interment) IN THE BEST OF MY KNOW EDGE	It not at place of death?  Former or  usual residence
(Address) 7th Ging Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAN 1 6 1913
Filed MAR 1 5 19,13 J. W. Lacy REGISTRAR	20 UNDERTAKER ADDRESS BURGALLANDERS
in re blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

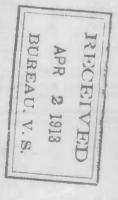
[Approved by U. S. Census and American Public Health
Association.]

: Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic scrvice for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Deaier," etc., without more precise speciwho have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite safary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—('oal statement. it should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or indust, i; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, Irrespective of age tion is very important, so that the relative dealthful material worked on may form part of the second (a) Spinner, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." (b) Cotton mill; (a) Salcsman, For persons (0)

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purappeal schiichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemla," "Weakness," "Frart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_ ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchonneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial rephritic is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent ... Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 ds.: State cause for Examples: 0

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH 3720	STATE OF MARYLAND
Howard 101	CERTIFICATE OF DEATH
County	Registration Dist. No
*FULL NAME HENRY Clay Hus	St.; Ward)  St.; St.; Ward)  St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 OOL R OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED,	16 DATE OF DEATH  March 25-, 1913.  (Month) (Day) (Year)
BDATE OF BIRTH (Write the word)	17 I HEREBY CERTIFY, That I sttended deceased from
(Month) (Day) (Year)	that I last saw h alive on, [9],
7 AGE If LESS than	and that death occurred on the date stated above, at
43 yrs. mos. 25 ds. or min.?	The CAUSE OF DEATH* was as follows:
a) Trade, profession, or parficular kind of work.	in contact with an Efrolice of
(b) General nature of industry, business, or establishment in which employed (or employer)	(Durafion)yrsmosds.
BIRTHPLACE (State or country) / forward Counts Md	(Secondary)  (Duration) yrs mos ds
10 NAME OF Thomas Slaws field	(Signed) Ithe a Melfferty acting, M. D.
11 BIRTHPLACE OF FATHER (State or country)  Mary land	*State the Disease Causing Death, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (Siste or country)  Mary land	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place In the of death
14 THE ABOVE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant, Mrs Amanda & Slaws Forla	Former or usual residence
(Address) Ellicott City Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 3 - 27 1913 (BB) allenhors	20 UNDERTAKER ADDRESS
REGISTRAR	of Allongung Gy Elliotter
11 more blanks sre needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. 8/No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purrperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," genitai," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convuisions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. -Kart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of 'Traemia," "Weakness," \_\_ (name origin; "Can-State cause for Examples: For VIO-20

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 2 1918
BUREAU, V. S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH 3721 Or	Grad STATE OF MARYLAND
Armara -	CERTIFICATE OF DEATH
Gounty	Registration Dist, No. 192
Village or City (No	St.; Ward) [If death occurred in a hospital or institution.
(1) 0 -	give its NAME instead
FULL NAME John Basel	Strober of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR R RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH
Muls While ORDIVORCEO	(Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	
ay 26,1954	
(Month) (Day) (Year)	that I last saw halive on
7 AGE If LESS than	and that death occurred on the date stated above, at &
38 yrs. 6 mos. 16 ds. 0Rmin.?	The CAUSE OF DEATH * was as follows:
1 640	
(a) Trade, profession, or framer	
particular kind of work	
(b) General neture of Industry, business, or establishment in	(Rupation)
which employed (or employer)	(Ouration) mos ds.
9 BIRTHPLACE (State or country)	(Secondary)
Dallo. Comity Mel	(Duration) vrs. mos /de
10 NAME OF	Las a lichtly of actions
FATHER When Stroper	(Signed) Thunk. M. Offerry having
5 11 BIRTHPLACE	March 17, 1912 (Address) Believel lity not
Z OF FATHER (State or country) Grmany	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a OF MOTHER Wilson	1BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS
OF MOTHER (State or country)	of death yrs mos ds. State yrs mos ds
14THE ABOVE IS TRUE TO THE PAST OF MY KNOWLEDGE	Where was disease contracted,
Mine Frey / Marker	If not at place of death?
(Informant)	usual residence
(Address) alpha /mard Com	
(AUDIESS)	Mond- him benter than 19 71913
annal 12th Beni of Suller	20 UNDERTAKER A / ADDRESS
Filed march 12-1913 204 + Suply	la Posta & h 11
	To the man in my resorte ma
more blanks are needed, address State Regis trar, 6	Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication, as Day-laborer, Farm laborer, Laborerduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indicausing pears, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

De Benj. F. Shiply & D.

childbirth or miscarriage. as "Turrperal scotichaeample: Measles (disease causing death), 29 ds.: oma. Sarcoma. etc., of \_\_\_ ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerpebal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." genital," "Senile," etc.), "Dropsy," "Exhaustion," "Maras.-Tart fallure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial acphritis ment neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails. ture of the American Medicai Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as "Coilapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Traemia," "Weakness," (name origin; "Can-Examples:

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APR 2 1913
BUILLAULA

		A CONTRACTOR OF BRICKET
	1. 1. 1.11	CERTIFICATE OF DEATH
Go	unty Simpsonville 3722	Registered No
Vi	ittage or City Md - (No.	St; Ward) [it death occ a hospital or in give its NAME
	FULL NAME Mahlon n. Sul	livar of street and no
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	male white Smale, widowed with the word)	16 DATE OF DEATH  Murch  (Month)  (Day)  (Y  17  I HEREBY CERTIFY, That I attended decease
6 D	ATE OF BIRTH	Max 19 1913, to mar 36
	cant till month - , 1840	that I last saw h M. alive on Brus 24
7 AG		and that death occurred on the date stated above, at 3.3
	7 3 yrs. mos, ds. ORmin.?	The CAUSE OF DEATH* was as follows
01	CCUPATION	
(a) par (b) busi whi	Trade, profession, or ricular kind of work.  General nature of industry, iness, or establishment in ich employed (or employer)  IRTHPLACE	(Duration) yrs. mos./ Contributory Artinic Selicosis
(a) par (b) busi whi	Orade, profession, or relicular kind of work.  General nature of industry, iness, or establishment in ich employed (or employer)	Contributory Arteria selevasis
(a) par (b) busi whi	Orade, profession, or ricular kind of work.  General nature of industry, iness, or establishment in ich employed (or employer)  IRTHPLACE tate or country)  To NAME OF FATHER  To NAME OF FATHER  The inequality of the country of the	Contributory Arteria Selevasis (Secondary)  (Deration) 5 yrs. mos.
(a) par (b) busi while 9 B1 (S1	Orade, profession, or relicular kind of work.  General nature of industry, iness, or establishment in ich employed (or employer)  IRTHPLACE tate or country)  TO NAME OF FATHER  OF FATHER  OF FATHER  (State or country)  MAC  12 MAIDEN NAME	(Signed) Lo Las & Suns blood my  *State the DISEASE CAUSING DEATH, or/in deaths from Vi
(a) par (b) busi whi	Orade, profession, or relicular kind of work.  General nature of industry, iness, or establishment in ich employed (or employer)  IRTHPLACE tate or country)  TO NAME OF FATHER  OF FATHER  OF FATHER  (State or country)  MI  12 MAIDEN NAME OF MOTHER  OF MOTHER  OF MOTHER  Cant give   Day  13 BIRTHPLACE	(Signed) Lo Las Courses  (Signed) Lo Las Courses  (Signed) Lo Las Courses  *State the Disease Causing Death, or in deaths from Vicauses, state (1) Means of Injury; and (2) whether act all, Suicidal, or Homicidal.  *State the Disease Causing Death, or in deaths from Vicauses, state (1) Means of Injury; and (2) whether act all, Suicidal, or Homicidal.  **BLENGTH OF RESIDENCE (For Hospitals, Institutions, Trans or Recent Residents)  At place in the
PARENTS (g) land (g) land (g)	Orade, profession, or relicular kind of work.  General nature of industry, iness, or establishment in ich employed (or employer)  IRTHPLACE tate or country)  To NAME OF FATHER  OF FATHER  OF FATHER  (State or country)  Milliant Gunt Give Day  The Maiden NAME of Mother Country  The Mother Country  The Maiden NAME of Mother Country  The Mother Country	Contributory Asteria Selection (Secondary)  (Secondary)  (Deration) 3 yrs. mos.  (Signed) Lo Las & Sussibles of Mos.  *State the Disease Causing Death, or in deaths from Vicauses, state (1) Means of Injury; and (2) whether Act tal, Buicidal, or Homicidal.  18 Length of Residence (for Mospitals, Institutions, Transor Recent Residents)  At place in the of death yrs. mos. ds. State yrs. mos.
PARENTS (8) and (9) sed (8) (8)	Orade, profession, or relicular kind of work.  General nature of industry, iness, or establishment in ich employed (or employer)  IRTHPLACE tate or country)  To NAME OF FATHER  OF FATHER  OF FATHER  (State or country)  Milliant Gunt Give Day  The Maiden NAME of Mother Country  The Mother Country  The Maiden NAME of Mother Country  The Mother Country	(Signed) Lo Las Consultation yrs. mos.  (Signed) Lo Las Consultation yrs. mos.  *State the Disease Causing Death, of in deaths from Vicauses, state (1) Means of Injury; and (2) whether Actal, Buicidal, or Homicidal.  18 Length of Residence (for Mospitals, Institutions, Transfor Recent Residents) At place in the ot death yrs. mos. ds. State yrs. mos.  Where was disease contracted, if not at place of death?  Former or
PARENTS (8) and (9) sed (8) (8)	Trade, profession, or ricular kind of work.  General nature of industry, iness, or establishment in ich employed (or employer)  THETHPLACE tate or country)  TO NAME OF FATHER  Sof FATHER  The Control of Month Control  The Maiden Name of Mother (State or country)  The Maiden Name of Mother (State or country)  The Above is true to the best of My Knowledge  The Above is true to the best of My Knowledge  The Maiden Name of Mother (State or country)  The Above is true to the best of My Knowledge	(Signed) Lo Lac & Sussible of Most of Ing.  (Signed) Lo Lac & Sussible of Most of Ing.  State the Disease Causing Death, or in deaths from Vicauses, state (1) Means of Injury; and (2) whether according to the Causes, state (1) Means of Injury; and (2) whether according to the Inglied of Homicidal.  18 Length of Residence (For Hospitals, Institutions, Transon Recent Residents) At place in the ot death yrs. mos. ds. State yrs. mos. Where was disease contracted, if not at place of death?  Former or usual residence.
PARENTS (8) and (9) sed (8) (8)	Orade, profession, or ricular kind of work.  General nature of industry, iness, or establishment in ich employed (or employer)  IRTHPLACE tate or country)  TO NAME OF FATHER  OF FATHER  (State or country)  MA-  11 BIRTHPLACE OF FATHER (State or country)  MA-  12 MAIDEN NAME OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  Canada Survey  Canada Survey  Canada Survey  Canada Survey  Country	Contributory Asteria Selection (Secondary)  (Secondary)  (Deration) 3 yrs. mos.  (Signed) Lo Las & Sussibles of Mos.  *State the Disease Causing Death, or in deaths from Vicauses, state (1) Means of Injury; and (2) whether Act tal, Buicidal, or Homicidal.  18 Length of Residence (for Mospitals, Institutions, Tran or Recent Residents)  At place in the of death yrs. mos. ds. State yrs. mos.  Where was disease contracted, if not at place of death?  Former or usual residence.

[Approved by U. S. Census and American Public Health Association.]

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pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup") ; brospinal meningitis"); Diphtheria (avoid use time and causation), using always the same accepted fever (the only definite synonym is "Epidemic cere term for the same disease. causing prath (the primary affection with respect to ("Pacumonia," Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc.. Typhoid unqualified, fever is .lndefinite); (never report "Typhoid Examples: Cerebrospinal Tubercu-Carcin-

> such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Puerperal septichae. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mally cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railicay traingenital," "Senile," etc.), ample: Measles (disease causing death), 29 de.; nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL pcritonitis," etc. "Collapse," "Coma," "Convuisions," "Debility" ("Conthenla." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ar-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma: etc., of ..... The contributory may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," ... (name origin; "Can State cause for Never report 5

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APR 2 1913
BUREAU. V.S.

PHYSICIANS RECORD RMANENT BINDING Ш AG 0 supplied. O Information of Info

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Instructions

terms,

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PLACE OF STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 191 Ilf death occurred in ......Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. ORDIVORCED (Write the word) (Month) (Day) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH , 191..... to. (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at..... t day, .... hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ..... Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER JO. 191 3. (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death ...... yrs. ..... mos. ..... ds. State ...... yrs. ..... mos. ..... ds Where was disease contracted. If not at place of death?. Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER Filed. ADDRESS REGISTRAR bianks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

. Arocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement. the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons (%)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

dent; Revolver wound of head-homicide; Polsoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage, as "Purerrenal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," mere symptoms or terminal conditions, such as "As, thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of \_\_\_\_\_\_\_ (name origin; "Can-er" is less definite; avoid use of "Tumor" for mails. cause of death approved by Committee on Nomencia injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably -Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. ture of the American Medical Association.) "Contributory." scpsis, tetanus) "Collapse." "Coma," "Convuisions," "Debility" ("Con-The contributory (secondary or intercurrent "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head death), 29 ds. State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING UNFADING INK-THIS WRITE PLAINLY, WITH MARGIN

N. B.

Co	ounty Arward	CERTIFICATE OF DEATH Registration Dist, No.
Vi	2FULL NAME Infant linknon	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED, ORDIVORCED (Write the word)		16 DATE OF DEATH LANGUAGE 191 (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 p/	Muknom,	, 191, to, 191,
7 AC	(Month) (Day) (Year)  if LESS than 1 day,hrs.  yrsmosds. ORmin.?	and that death occurred on the date stated above, at m.  The CAUSE OF DEATH* was as follows:
(a) par (b) busi white	CCUPATION Trade, profession, or ticular kind of work  General nature of industry, ness, or establishment in the employed (or employer)  RTHPLACE tate or country)	(Ouration) yrs. mos. ds.  Contributory (Secondary)
S	10 NAME OF FATHER ANAMOUNT  11 BIRTHPLACE	(Signed) I have a Me a few by a down ds.  (Signed) I have a few by a few by the signed of the signed
ARENT	OF FATHER (State or country)  12. MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
/d	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place in the of death
14 T	(Intermant) HELL CAVEN AND LEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
15 Fil	ed 4- 26,1913 Allestons	19 PRACE OF BURIAN OF REMOVAL DATE OF BURIAL 20 UNDERTAKER SOUND ADDRESS ADDRESS ADDRESS
	If more planks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

3724

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

-(a) Spinner, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of lifbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care dutles of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age. who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—Is always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." schsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scottchaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Coliapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asampic: Measles (disease causing death), 29 etc. The contributory (secondary or intercurrent) affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. Bronchopneumonia (secondary), 10 ds. Never report "Old Age," "Shock." "Traemia," "Weakness," "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1918
BUREAU, V.S.

BINDING FOR RESERVED MARGIN

PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT stated EXACTLY. carefully supplied. AGE should be st that it may be properly classified. certificate. -THIS AGE UNFADING INK Every item of information should be c CAUSE OF DEATH in plain terms, so important. See instructions on back of WITH WRITE PLAINLY S. No. 1.

(Address)

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	PLACE OF DEATH 3725  Jounty Howard  Illiage or City hear Collies (No. 1)  2FULL NAME Cathering Web	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
238		16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
7 AC	t day,hrs. or min.?	that I last saw he alive on 3 - 2 s 191 3 and that death occurred on the date stated above, at 8 mm, The CAUSE OF DEATH* was as follows:
(a) par (b) busi whi	OCCUPATION  Trade, protession, or ricular kind of work  General nature of industry, ciness, or establishment in ich empioyed (or employer)  IRTHPLACE tate or country)	(Qurelion) yrs. 5 mos. ds.  Contributory (Secondary) (Qurelion) (Qurelion) (Qurelion)
PARENTS	11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	(Signed)  *State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the  ot death yrs. mos. ds. State yrs. mas de

KNOWLEDGE

REGISTRAR

	At place At place Of death	In the State	. yrs	mos	ds
1	Former or		***************	***************	• • • • •

PLACE OF BURI.	AL OR RE	MOVAL	
Obrectown	u loes	meteri.	į
20 UNDERTAKER	0	0	

usual residence

pate of Burial

ADDRESS

Oaston Dons blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, no who receive a definite salary), may be entered as mine, etc. (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, For persons (0)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal schichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maran "Collapse." "Coma," "Convulsions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplacins); Measics; Whooping cough; Chronic oma. Sarcoma, etc., of \_ "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably ture of the American Medical Association.) Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malls-The contributory "Senile." etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1913
BUREAU, V. S.

RECORD

PERMANENT

4 2

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS

S. No. 1.

PLACE OF DEATH 3726	STATE OF MARYLAND CERTIFICATE OF DEATH
FULL NAME Charles A HIS	Registration Dist. No. [It death occurred in a hospital or institution give its MAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE MARRIEO, Single Widowed, Widowed, Widowed, Widowed, Widowed, Widowed, Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  (Day)  (Year)
(Month) (Day) (Year)	that I last saw h. in allve on
7 AGE   If LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 2 Mem, The CAUSE OF DEATH* was as follows:
© OCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  Selether or country)  Manulana	(Buration) yrs. mos. ds.  Contributory (Secondary)
11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME OF MOTHER (State or country) Maryland  13 BIRTHPLACE OF MOTHER (State or country) North Carolina	(Signed)
(Interment) Benjamus Williams	Where was disease contracted, If not at place of death?  Former or usual residence
(Address). 15 Filed	mount Gilbs Mosel 14, 1913. 20 UNDERTAKER Sons Elliest with

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industy; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfui-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: For persons "Foreman," The (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing described the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc., Carcintosis described desc

such, if impossible to determine definitely. mus," "Old Age," "Shock," "Uraemia," "Weakness," etc. The contributory (secondary or intercurrent) scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrerran septicharetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asampie: Measles (disease causing death), 29 usat peoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. oma. Surcoma. etc., of Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 2 1918
BUREAU, V.S.

80

#### RECORD RMANENT Ш THIS FADING WRITE

1 PLACE OF DEATH 3727 PHYSICIANS should of OCCUPATION IS Village or City (No..... <sup>2</sup> FULL NAME PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIEO. WIDDWED, DRDIVDROED (Write the word) 6 DATE OF BIRTH classified. (Year) (Day) (Month) It LESS than TAGE P 1 day, .....hrs. no OR ..... min. ? properly 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, pe business, or establishment in liddns m sy which employed (or employer) certificate. 9 BIRTHPLACE (Secondary) (State or country) that 10 NAME OF FATHER 80 0 36, 191 3. (Address) 11 BIRTHPLACE FNT OF FATHER (State or country) termi 60 TAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME plain OF MOTHER instructions OR RECENT RESIDENTS) 13 BIRTHPLACE -At place OF MOTHER (State or country) ot death ...... yrs. ..... mos. ..... ds. DEATH Where was disease contracted. if not at place of death?... 90 Former or usual residence. Item OF mportant. BURIAL OR REMOVAL Every 15 20 UNDERTAKER REGISTRAR m ż more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St: .....Ward)

It death occurred in a kospital or institution, give its NAME instead of street and number. 1

MEDICAL CERTIFICATE OF DEATH

1910 (Month) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at Contributory (Duration)

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

In the State ..... yrs. \_\_

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). additional line is provided for the latter statement. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: For persons (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Tever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and quality as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPEBAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... sepsis, tetanus) by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-Examples: 0

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